MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/ 55/44//
APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

ļ	AS FILED		AFTER		AFTER 2 MAMENDMENT			AS F	ILED	AFTER		AI	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.			2 ¹⁴ A	
<u>1</u> 2							51	LIND.	DEP.	IND.	DEP.	IND	
_							52	1					
4				1.			53						
-							54						
		0		200			55						
		8		3			56						
-1		6	<u> </u>	- Š			57						
-	-	4		3			58						
		7		-			59						
┪		8		5			60						
		0		Selector.			61 62						
\Box		8)		2			63						
$oldsymbol{\perp}$		0		2			64						
4							65						
4							66						
4							67						
\dashv							68				· · ·		
+							69						
+					I		70						
+							71						
†							72						
1							73 74						
I							75						
I							76						
4							77						
4							78						
+							79						
╁							80						
+							81						
╅							82						
╁							83						
\mathbf{I}							84 85						
							86						
1						•	87						
4							88					-	
+							89						
╀		J					90						
╀							91						
╁							92						
+							93						
十							94						
1							95						
T							96						
Γ							97						
Γ							98						
							100						
Γ		I					TOTAL						
╀		~		▼		▼	IND.		♣		♣		
Ļ		2	2/	-	•	-	TOTAL DEP.	. •	(-				
	À		22				TOTAL CLAIMS	1		200			
									. DEPARTM				